Late Contribution Report

CALIFORNIA FORM 497

NAME OF FILER Newsom for California - Lieutenant Governor 2010	**Date of This Filing** _____ 04/28/2010
AREA CODE/PHONE NUMBER ( ) -	I.D. NUMBER (if applicable) 1325415	**Report No.** _____ 20100428-2
STREET ADDRESS	☐ **Amendment to Report No.** _____ (explain below)
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/28/2010	Lucinda Page Southworth Menlo Park, CA 94025	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	$6,500.00
04/28/2010	Lucinda Page Southworth Menlo Park, CA 94025	■ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired None	$6,500.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual   PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)   SCC - Small Contributor Committee
OTH - Other

Reason for Amendment:

1483819-0

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DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT **(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION **(IF APPLICABLE)**

Reason for Amendment:

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